

(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(2				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
_				
•				

Office Use Only

G. MCLEOD

MAR 2 7 2008

EXAMINER



500121203465

03/26/08--01006--007 **25.00

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: Southwest Florida Biodiese/ 44C (Name of Limited Liability Company)
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Troy French (Name of Person)
	South west Horida Biodicsel LLC (Firm/Company)
	5542 Regert Rd. (Address)
	Verice FL, 34253 (City/State and Zip Code)
For furthe	er information concerning this matter, please call:
7	(Name of Person) at (941) 468-2784 (Area Code & Daytime Telephone Number)
Enclosed	is a check for the following amount:
\$25.00	O Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & \text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT

ADTICLE	TO	08 MAR 20	THORATION
ARTICLE	CS OF ORGANIZA OF	ATION 08 MAR 26	PM 12: 46
South west f (Name of the Limited Liabil (A Florid	Jorida Biodio ity Company as it now ap a Limited Liability Compan		
The Articles of Organization for this Limited Liability Florida document number <u>LO80000 2 1110</u>		February 27.	<i>೭೦೦</i> 5and assigned
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	mited liability company	<u>here</u> :	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Co	mpany," the designation "	LLC" or the abbreviation
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:		(Enter Florida street ad	ldress)
		, Florida	
	(City)	,	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

. If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action			
MGR	Lane French	6307 Rose Rush CT. Bradenton, FL. 34202	Add Remove			
<u>MGR</u>	Charles French	7253 Spencer Parish Rd. Parish, Pt. 34215	Add Remove			
MGRM	Laura French	6307 Rose Rush CT. Bradeston, FL, 34202	Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amend	ling any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.)				
			_ _			
Dated	Then	Fred				
		rmber or authorized representative of a member French yped or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00